| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |                                      |   |               |                               |   | Application or Docket Number |     |                            |                        |  |
|--|--|---|--------------------------------------|---|---------------|-------------------------------|---|------------------------------|-----|----------------------------|------------------------|--|
|  | •  | CLAIMS A                                  | S FILED - F                          |   |               |                               | SMALL ENT                               | SMALL ENTITY TYPE            |     | OTHER THAN OR SMALL ENTITY |                        |  |
| U.S. NATIONAL STAGE FEES   |  |   | (Column 1)                           |   |               | Column 2)                     | RATE                                    | FEE                          | 1 . |                            |                        |  |
|  |  |   | OMAN ENT                             | CHANA FUT - 0.450                           |               |                               |   | rec                          |     | RATE                       | FEE                    |  |
| BASIC FEE  |  |   |                                      |   |               | E ENT. = \$ 300               | BASIC FEE                               |                              | OR  | BASIC FEE                  |                        |  |
| EXAMINATION FEE  |  |   | (4) * \$50/<br>U.S. is ISA = \$1     | \$ 100                                      |               | 100 / \$ 200                  | EXAM, FEE                               |                              |     | EXAM. FEE                  |                        |  |
| SEARCH FEE   |  |   | ALL other countries = \$200 / \$ 400 |   |               | ner situations = 250 / \$ 500 | SEARCH FEE                              |                              |     | SEARCH FEE                 |                        |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minu                                 | ıs 100 =                                    | ·             | / 50 ≐                        | X \$ 125 =                              |                              |     | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | min                                  | us 20 =                                     | •             |                               | X \$ 25 =                               |                              | OR  | X \$ 50 =                  | ·                      |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 = .                          |   |               |                               | X \$ 100 =                              |                              | OR  | X \$ 200 =                 | ,                      |  |
| MUL.   | TIPLE DEPEND                                   | DENT CLAIM PRE                            | SENT                                 |   |               |                               | +\$ 180 =                               | · ·                          | OR  | +\$360=                    |                        |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2 |  |   |                                      |   |               |                               | TOTAL                                   |                              | OR. | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II 9-6-06 (Column 1) (Column 2) (Column 3)      |  |   |                                      |   |               | (Column 3)                    | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |     |                            |                        |  |
| NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |               | PRESENT<br>EXTRA              | RATE                                    | ADDI-<br>TIONAL<br>FEE       |     | RATE .                     | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total  | . 20                                      | Minus                                | · 2   | 0.0           | =                             | X \$ 25 =                               |                              | OR  | X \$ 50 =                  |                        |  |
| AME  | Independent                                    | . 3                                       | Minus                                | ••• 9                                       | 7             |                               | X \$ 100 =                              |                              | OR  | X \$ 200 =                 | -                      |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |   |               |                               | + \$ 180 =                              |                              | OR  | + \$ 360 =                 | _                      |  |
|  |  |   |                                      |   |               |                               | TOTAL ADDIT.                            |                              | OR  | TOTAL ADDIT.<br>FEE        |                        |  |
|  |  |   |                                      |   |               |                               |   |                              |     |                            |                        |  |
|  | <del></del>                                    | (Column 1)                                | T                                    | (Colu                                       |               | (Cotumn 3)                    |   |                              | 1   |                            | ·                      |  |
| AMENDMENT B  |  | REMAINING AFTER AMENDMENT                 |                                      | NUM   | IBER<br>OUSLY | PRESENT<br>EXTRA              | RATE                                    | ADDI-<br>TIONAL<br>FEE       |     | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus                                | **  |               | i                             | X \$ 25 =                               |                              | or  | X \$ 50 =                  |                        |  |
|  | Independent                                    | •   | Minus                                | ***   |               | •                             | X \$ 100 =                              | · · ·                        | OR  | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |   |               |                               | + \$ 180 =                              |                              | OR  | + \$ 360 =                 |                        |  |
|  | <u> </u>                                       | <del></del>                               |                                      |   |               |                               | TOTAL ADDIT.                            |                              | OR  | TOTAL ADDIT.<br>FEE        |                        |  |
| ·  |  |   | •                                    | •   |               | ٠                             | · · · · · · · · · · · · · · · · · · ·   | •                            | •   | FEC.                       |                        |  |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.